

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008842

**Entity Name:** PAUL W. AIREY AMERICAN LEGION POST 392 INC.**Current Principal Place of Business:**AMERICAN LEGION POST 392  
535 OAK AVENUE  
PANAMA CITY, FL 32402**Current Mailing Address:**AMERICAN LEGION POST 392  
P.O. BOX 266  
PANAMA CITY, FL 32401 US**FEI Number:** 27-0930552**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TITTLE, THOMAS  
535 OAK AVENUE  
PANAMA CITY, FL 32402 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** THOMAS E TITTLE

02/20/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title COMMANDER  
Name MCMULLEN, MIKE  
Address AMERICAN LEGION POST 392  
535 OAK AVENUE  
City-State-Zip: PANAMA CITY FL 32402

Title V  
Name TIPTON, JAMES  
Address AMERICAN LEGION POST 392  
535 OAK AVENUE  
City-State-Zip: PANAMA CITY FL 32402

Title FINANCE OFFICER  
Name TITTLE, THOMAS  
Address AMERICAN LEGION POST 392  
535 OAK AVENUE  
City-State-Zip: PANAMA CITY FL 32402

Title BOARD OF DIRECTORS  
Name LINCOLN, JOHN  
Address AMERICAN LEGION POST 392  
535 OAK AVENUE  
City-State-Zip: PANAMA CITY FL 32402

Title 1ST VICE  
Name MILAL, STEPHEN  
Address AMERICAN LEGION POST 392  
535 OAK AVENUE  
City-State-Zip: PANAMA CITY FL 32402

Title V  
Name KEFFER, KYLE  
Address AMERICAN LEGION POST 392  
535 OAK AVENUE  
City-State-Zip: PANAMA CITY FL 32401

Title BOARD OF DIRECTORS  
Name BATASTINI, CHRIS  
Address AMERICAN LEGION POST 392  
535 OAK AVENUE  
City-State-Zip: PANAMA CITY FL 32402

Title BOARD OF DIRECTORS  
Name MCNINE, HARRY  
Address 535 OAK AVENUE  
City-State-Zip: PANAMA CITY FL 32402

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS E TITTLE

FINANCE OFFICER

02/20/2021

Electronic Signature of Signing Officer/Director Detail

Date